

STAFFORD COUNTY PUBLIC SCHOOLS

SCHOOL BOARD MEMBERS

EDWARD SULLIVAN
Chairman

DANA REINBOLDT
Vice-Chairman

ROBERT S. BELMAN
PATRICIA HEALY
NANETTE KIDBY
JOHN LEDOUX, ED.D.
DOREEN PHILLIPS

31 Stafford Avenue
Stafford, Virginia 22554-7246
Phone: 540-658-6000
Fax: 540-658-5951
<http://www.staffordschools.net>

ANDRE A. NOUGARET
Interim Superintendent



ELEMENTARY / MIDDLE SCHOOL Student Transfer Form 2006-2007 School Year ONLY

**STUDENT TRANSFERS MUST BE REQUESTED NO LATER THAN JUNE 1, 2006.
CURRENT TRANSFER STUDENTS NEED NOT REAPPLY FOR TRANSFER.**

PLEASE NOTE: ALL STUDENTS MUST BE REGISTERED AT THE SCHOOL IN THEIR ATTENDANCE AREA PRIOR TO SUBMITTING A TRANSFER APPLICATION.

The following schools are **CLOSED** for transfers: Rocky Run and Widewater Elementary Schools, Wright, Poole, Stafford and Thompson Middle Schools. Please call 540-658-6000 to verify requested school is open to transfers. Transfer Requests to closed schools will be denied.

STUDENT'S LAST NAME	FIRST NAME	MIDDLE NAME	GRADE 2006-07
---------------------	------------	-------------	---------------

SCHOOL ATTENDED 2005 - 06	SCHOOL IN ATTENDANCE AREA	SCHOOL REQUESTED
---------------------------	---------------------------	------------------

REASON FOR TRANSFER REQUEST (Please check all that apply)

- ☐ OPEN SCHOOL - PREFERENCE
☐ PARENT EMPLOYED AT REQUESTED SCHOOL
☐ MOVING INTO THE COUNTY DURING FIRST 9 WEEKS OF SCHOOL YEAR (must provide proof of residency)
☐ MOVING OUT OF THE COUNTY DURING THE LAST 9 WEEKS OF THE SCHOOL YEAR (request to remain at current school)
☐ MOVING WITHIN STAFFORD COUNTY AND WISH TO REMAIN AT CURRENT SCHOOL
☐ OTHER (please explain) _____

Parent / Guardian Name (**PLEASE PRINT**) _____

Address: _____

Mailing address if different from above: _____

Phone: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____ FAX () _____ - _____

E-mail: _____

Does your student receive Special Education Services? NO _____ YES _____
If yes, list disability and any other pertinent information _____

I request permission to transfer the student listed above. I understand and accept that transportation is the responsibility of the parent or guardian. I also understand and accept that attendance zone transfers **MUST** be requested **NO LATER THAN June 1, 2006.**

DATE PARENT / GUARDIAN SIGNATURE

DATE APPROVAL BY SUPERINTENDENT

FOR OFFICE USE ONLY

Reviewed By _____	APPEALED - DATE _____
Reason Code _____	APPEAL DENIED - DATE _____
DENIED - DATE _____	APPEAL APPROVED - DATE _____